State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: **City Of Oakridge**   PWS ID# **41- 00582**

Month/Year **Jan / 2025** Entry Point: **EPA   Wellfield**   Required Minimum Residual **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	3:00 pm	#4	0.84	mgL	C.M.E
2	9:15 am	#1,2,4	0.84	mgL	C.M.E
3	9:19 am	#4	0.52	mgL	C.M.E
4	10:00 pm	#4	0.83	mgL	C.M.E
5	11:20 am	2,4	0.98	mgL	C.M.E
6	9:15 am	#4	0.63	mgL	C.M.E
7	9:00 am	2,4,6	0.89	mgL	C.M.E
8	9:00 am	2,4	1.02	mgL	C.M.E
9	8:00 am	2,4,6	0.49	mgL	C.M.E
10	10:00 am	2,4,6	0.93	mgL	C.M.E
11	8:45 am	2,4,6	0.85	mgL	C.M.E
12	8:45 am	2,4,6	0.86	mgL	C.M.E
13	9:00 am	4	0.61	mgL	C.M.E
14	9:00 am	2,4,6	0.86	mgL	C.M.E
15	8:36 am	2,4,6	0.80	mgL	C.M.E
16	1:53 pm	2,4,6	0.76	mgL	C.M.E
17	2:43 pm	2,4,6	0.76	mgL	CME
18	8:30 am	#4	0.83	mgL	CME
19	8:00 am	2,4	0.92	mgL	CME
20	8:00 am	1,4,6	0.78	mgL	CME
21	9:04 am	2,4,6	0.63	mgL	CME
22	8:48 am	#4	0.76	mgL	C.M.E
23	10:00	1,4	0.88	mgL	C.M.E
24	3:00	4	0.76	mgL	CME
25	7:35	2,4,6	0.87	mgL	CME
26	9:00	2,4,6	0.75	mgL	CME
27	9:09	#4	0.76	mgL	C.M.E
28	9:02	#4	0.73	mgL	CME
29	8:45	#4	0.52	mgL	CME
30	8:29	2,4,6	0.55	mgL	CME
31	9:20	2,4	0.64	mgL	CME

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? ☐ Yes ☐ No

If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer	**GWS Serving More Than 3,300**	
If yes, did you monitor every four hours until the residual returned to _____ mg/L? *Attach those results and submit them with this form.*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No *Attach grab sample results and submit them with this form.*	Date continuous monitoring equipment failed: ___ / ___ / ___ Date it was returned to service: ___ / ___ / ___

Printed Name: **Clint Whitney**   Title: **ORC**   Operator Certification #: **T-08921**

Signature: **Clint E Whit**   Phone #: **(541) 554-2698**   OR

Date: **2 / 4 / 2025**   Small Groundwater System ☐

DWP